Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Duke Energy Corporation PAC 550 South Tryon Street ADDRESS (number and street) (Check if address is changed) Charlotte 28202 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dukepac@duke-energy.com (Check if address is changed) Optional Second E-Mail Address kaduncan@comerica.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00083535 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Valenti, Lawrence, , , Type or Print Name of Treasurer Valenti, Lawrence, , , [Electronically Filed] 03 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	C. Faure 1. (Davised 00/0000)	D <b>0</b>
	C Form 1 (Revised 02/2009)  DF COMMITTEE	Page <b>2</b>
	date Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	N.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	emplete the candidate
Name of Candida		
Candida Party A	333	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its control of the c	onnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
(	Committees Participating in Joint Fundraiser	
	1. FEC ID number	
:	2.	
;	3.	
4	4.           FEC ID number C	

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	. ago o
Duke Energy Corporation PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership F	PAC Sponsor
Duke Energy Corporation	·
Dake Friergy Corporation	
550 South Tryon Street  Mailing Address	
Charlotte NC 28202  CITY STATE ZIP	CODE
Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possess books and records.</li> </ol>	sion of committee
PAC Services, Comerica Bank, , ,  Full Name	1
PO Box 75000	
Mailing AddressMC 2250	
Detroit , MI , 48275-2250	
Title or Position CITY STATE ZIP	CODE
Recordkeeper Telephone number 248 - 371	
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name a any designated agent (e.g., assistant treasurer).	and address of
Full Name Valenti, Lawrence, , ,	1
of Treasurer	
Mailing Address	
DEC38B	
CITY STATE ZIP	CODE
CITY STATE ZIP	

FEC <b>Forr</b>	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Young, Kathryn, , ,	_
Mailing Address	526 S Church Street	
maining Addless	EC03ZD	
	Charlotte NC 28202	, , ]=
	CITY STATE	ZIP CODE
Title or Position PAC Asst. Trea	asurer Telephone number 704 - 3	382 - 6831
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.  Depository, etc.	s accounts, rents
safety deposit bo	oxes or maintains funds.  Depository, etc.  Comerica Bank	s accounts, rents
safety deposit bo	oxes or maintains funds.  Depository, etc.  Comerica Bank  P.O. Box 75000	s accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Comerica Bank  P.O. Box 75000	s accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Comerica Bank  P.O. Box 75000	s accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  MI 48275	zip code
safety deposit be Name of Bank,	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  MI 48275  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  MI 48275  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  CITY  STATE  Depository, etc.	
Safety deposit be Name of Bank, Mailing Address	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  CITY  STATE  Depository, etc.	
Safety deposit be Name of Bank, Mailing Address	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  CITY  STATE  Depository, etc.	

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Update Name of Assistant Treasurer and change of PAC Chairman

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraising</b>	Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected O	rganization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE ▲
esignated Agent: Identify b	y name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify b Stallman, B Full Name	y name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identify b	y name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identify b Stallman, B Full Name	y name, address (phone number – optional) rian, , ,  139 E 4th Street  EM32		
esignated Agent: Identify b Stallman, B Full Name	y name, address (phone number – optional) rian, , ,  139 E 4th Street  EM32  Cincinnati	OH	45202
esignated Agent: Identify be Stallman, B Full Name Mailing Address  TITLE OR POSITION	y name, address (phone number – optional) rian, , ,  139 E 4th Street  EM32  Cincinnati		45202 ZIP CODE <b>A</b>
esignated Agent: Identify b Stallman, B Full Name Mailing Address	y name, address (phone number – optional) rian, , ,  139 E 4th Street  EM32  Cincinnati	OH	45202
esignated Agent: Identify be Stallman, B Full Name	y name, address (phone number – optional) rian, , ,  139 E 4th Street  EM32  Cincinnati  CITY   s: List all banks or other depositories in whi	OH STATE  Telephone Number	45202 ZIP CODE <b>A</b>
esignated Agent: Identify be Stallman, B Full Name	y name, address (phone number – optional) rian, , ,  139 E 4th Street  EM32  Cincinnati  CITY   s: List all banks or other depositories in whi	OH STATE  Telephone Number	45202 ZIP CODE <b>A</b>
esignated Agent: Identify to Stallman, B Full Name	y name, address (phone number – optional) rian, , ,  139 E 4th Street  EM32  Cincinnati  CITY   s: List all banks or other depositories in whi	OH STATE  Telephone Number	45202 ZIP CODE <b>A</b>
esignated Agent: Identify to Stallman, B Full Name	y name, address (phone number – optional) rian, , ,  139 E 4th Street  EM32  Cincinnati  CITY   s: List all banks or other depositories in whi	OH STATE  Telephone Number	45202 ZIP CODE <b>A</b>